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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	<b>10/053,351</b>	
	Filing Date	<b>January 15, 2002</b>	
	Inventor	<b>David D. GOODMAN</b>	
	Art Unit	<b>2646</b>	
	Examiner Name	<b>Ramnandan P. SINGH</b>	
Confirmation No.	<b>9860</b>	Attorney Docket No.	<b>1001-004</b>

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s), please identify below:
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<u>1. Request for Continued Examination</u>
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<b>Remarks</b>	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 (CFR) 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	<b>Robert M. Hansen, Reg. No. 43,656</b>	
Signature		
Date	<b>April 26, 2006</b>	Customer No. 61275

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	<b>Robert M. Hansen, Reg. No. 43,656</b>		
Signature		Date	<b>April 26, 2006</b>

This collection of information is required by 37 C.F.R. 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 C.F.R. 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions by reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

# COMBINED FEE TRANSMITTAL for FY 2005

Effective 12/08/2004. Patent fees are subject to annual revision.

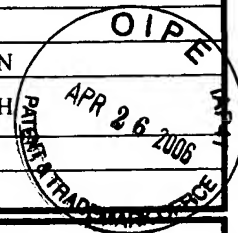
PTO/SB/17 (12-04) (Revised) (For payment of 37 CFR 1.17 fees including (f), (g), (h), & (i))

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** \$ 1810.00

Complete if Known

Application Number 10/053,351  
Filing Date January 15, 2002  
First Named Inventor David D. GOODMAN  
Examiner Name Ramnandan P. SINGH  
Art Unit 2646  
Attorney Docket No. 1001-004



## METHOD OF PAYMENT (check one)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None  
☐ Deposit Account

Deposit Account Number: N/A

Deposit Account Name: N/A

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below  
☐ Credit any overpayments and charge any deficiencies  
☐ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee to the deposit account

## FEE CALCULATION (continued)

**4. PETITION FEES UNDER 37 CFR 1.17 (f)** Fee Paid  
Fee Code: 1462 Fee \$ 400 For petitions filed under:  
§ 1.53(e); § 1.57(a); § 1.182; § 1.183; § 1.378(e); § 1.741(b)

**5. PETITION FEES UNDER 37 CFR 1.17 (g)** Fee Paid  
Fee Code: 1463 Fee \$ 200 For petitions filed under:  
§ 1.12; § 1.14; § 1.47; § 1.59; § 1.103(a); § 1.136(b); § 1.295; § 1.296; § 1.377; § 1.550(c); § 1.956; § 5.12; § 5.15; § 5.25

**6. PETITION FEES UNDER 37 CFR 1.17 (h)** Fee Paid  
Fee Code: 1464 Fee \$ 130 For petitions filed under:  
§ 1.19(g); § 1.84; § 1.91; § 1.102(d); § 1.138(c); § 1.313; § 1.314

**7. PROCESSING FEES UNDER 37 CFR 1.17 (i)** Fee Paid  
Fee Code: 1808 (1803 for § 1.221) Fee \$ 130 For petitions filed under:  
§ 1.28(c)(3); § 1.41; § 1.48; § 1.52(d); § 1.53(b)(3); § 1.55; § 1.99(e); § 1.103(b); § 1.103(c); § 1.103(d); § 1.217; § 1.221; § 1.291(c)(5); § 1.497(d); § 3.81

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Applicati on Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Entity Fee (\$)	Small Entity Fee (\$)	Entity Fee (\$)	Small Entity Fee (\$)	Entity Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	135	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**SUBTOTAL (1)**

### 2. EXTRA CLAIM FEES

Entity Fee (\$)	Small Entity Fee (\$)	Fee Description
50	25	Each claim in excess of 20 or, for Reissues, each claim in excess of 20 and more than in the original patent
200	100	Each Independent claim in excess of 3 or, for Reissues, each independent claim more than in the original patent
360	180	Multiple dependent claim, if not already paid

Extra Claims		Fee from above	Fee Paid
Total Claims	16 -20** = 0	0	0
Independent Claims	2 -3** = 0	0	0

\*\*or number previously paid, if greater; For Reissues see below

Multiple Dependent 360 =

**SUBTOTAL (2)**

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof (round up to the whole number). See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50	Fee (\$)	Small Entity Fee (\$)
83	-100 = 0	/50 =	x 250	OR x 125

**SUBTOTAL (3)**

### 8. OTHER FEES

Entity Fee (\$)	Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	For filing a request for <i>ex parte</i> reexamination	
920*	920*	Requesting publication of SIR prior to Examiner action	
1,840*	1,840*	Requesting publication of SIR after Examiner action	
120	60	Extension for reply within first month	
450	225	Extension for reply within second month	
1,020	510	Extension for reply within third month	1020
1,590	795	Extension for reply within fourth month	
2,160	1,080	Extension for reply within fifth month	
500	250	Filing a brief in support of an appeal	
790	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1,510	1,510	Petition to institute a public use proceeding	
500	250	Petition to revive - unavoidably abandoned application	
1,500	750	Petition to revive - unintentionally abandoned application	
50	50	Processing fee for provisional appls (37 CFR 1.17(q))	
180	180	Submission of Information Disclosure Statement	
1,000	500	Request for oral hearing	
790	395	For each additional invention to be examined (37 CFR 1.129(b))	
790	395	Request for Continued Examination (RCE)	790
900	900	Request for expedited examination of a design application	
Other fee (specify)			0

**SUBTOTAL (4+5+6+7+8)**

\$ 1810

\* Reduced by Basic Filing Fee Paid

## SUBMITTED BY

Name (Print/Type) Robert M. Hansen  
Signature *Robert M. Hansen*  
Registration No. (Attorney/Agent) 43,656  
Date April 26, 2006

## Complete (if applicable)

Telephone 202-465-3294  
Customer No. 61,275